

## Assessing For Suicide

*Risk Assessment & Disposition for Detainees*

## Learning Objectives

### ***Participants will be able to:***

- Apply a systematic approach to assessing suicide risk in detainees
- Document risk assessment & prevention plan based on level of risk
- Establish appropriate level of observation according to suicidal risk

## HELPER Risk Assessment System\*

- H** = Historical Factors
- E** = Environmental Factors
- L** = Lethality of Suicidal Thoughts/Behavior
- P** = Psychological Factors
- E** = Evaluation of Suicide Risk Potential
- R** = Reporting Your Findings

\*Resources: *How To Identify Suicidal People, A Systematic Approach To Risk Assessment*, Thomas W. White, PhD  
Permission Granted for use by U. S. Public Health Service

## What Is HELPER\*?

***A Guide To Ensure That Complete  
Relevant Data For A Thorough Suicide  
Assessment Is Obtained***



## HELPER SYSTEM: 3 Phases\*

- **Phase I: Collection of Data**
- **Phase 2: Analysis of Data**
- **Phase 3: Documentation of Data**

## Phase I: Collection of Data – HELP\*

*Collect data related to suicide risk factors*

### **H = History**

*Personal & family*

### **E = Environmental Factors**

*Demographic, stressors, social support systems*

### **L = Lethality of Suicidal Thoughts/Behavior**

*Intent to die, Suicide Plan, Access to/Knowledge of Means*

### **P = Psychological Factors**

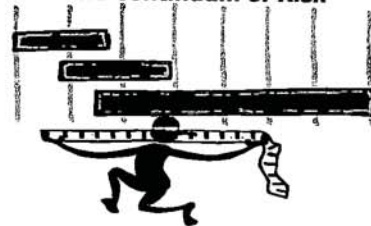
*Suicidal Ideation, Cognitive Style*

## Phase II: Analysis of Data (Evaluate)

- Evaluate risk of suicide: Low, medium, high

## Phase II: Analysis of Data - HELPER\*

### *The Continuum of Risk*



*Determine Where The Client's Self Destructive Thinking/ Behavior Lies Based on Information Gathered in Phase I*

*Suicide is generally a gradual process that consists of behaviors that progress along a continuum from non-lethal to deadly*

### Phase III: Documentation of Data HELPER\*

- Report your findings
- Document client's potential for suicide and your rationale for this determination



### H = Historical Factors

#### Personal History

- **H/O Psychiatric Disorders**
  - Was a Dx made? If so, when?
  - Did detainee receive Tx?
  - What was the Tx?
  - How long did it last?
  - Was detainee hospitalized?
  - Was it voluntary or involuntary?

### H = Historical Factors

#### Personal History

##### Analyze Factors Related to H/O Suicide Attempts

- Lethality of attempt
- Seriousness of intent to die
  - Thwarted attempts
  - Non-lethal attempts
    - Manipulation
    - Cry for help
    - Attention & recognition

### H = Historical Factors

#### Family History

- Mental Illness
- Suicide
  - Family View of Idea of Suicide
  - Impact of Family Suicide
    - Detainee's reaction
    - What was learned?
- Substance Abuse
- Dysfunction
  - Divorce/Separation
  - Conflict/Stress
  - Family Violence
  - Physical & Sexual Abuse

## **H = Historical Factors**

### **The Big Picture**

- H/O high risk behaviors & events or mental illness?
- H/O suicide attempts, other family dysfunction?
- If so, how does this affect detainee's suicide potential?
- Detainee have psychiatric D/O? Affective D/O ?
- Life stressors
  - Interpersonal loss, legal problems?
  - First time away from home country?

## **E = Environmental Factors**

### **Demographics**

- Gender
- Age
- Race
- Marital Status
- Illness
- Unemployment

## **E = Environmental Factors**

### **Life Events & Circumstances**

- **Losses due to detention**
  - Freedom
  - Contact with family & friends-temporary or permanent
  - Possessions, comforts, & familiarity of home
  - Privacy & control over many aspects of life
    - e.g., Told when to get up, what to wear, when to eat, when to go to bed; no private showers
  - Loss of self-esteem (names like detainee, criminal, alien)
  - Loss of many opportunities
  - Loss of significant others
  - Loss of family support

## **E = Environmental Factors**

### **Life Events & Circumstances**

- **Subjective nature of Stress**
  - Detainee's feelings of being able to cope
  - Level of hopelessness
  - Ability to handle change
  - Perception of how others see them
- **Social Support Systems**
  - **Past:** family, friends, environment
  - **Present:** situation-peer support

## L = Lethality

- **Intent:** Desire to die
- **Plans:** Strategy to die
- **Means:** Access to means to die
- **Knowledge:** Information and skills needed to die



**LETHALITY = Intent to die x (Plan + Means + Knowledge)**

## L = Lethality

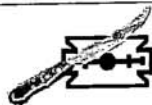


- **EXPLORE** detainee's reaction to past suicide attempts
- **CONSIDER** motivation:
  - ASK why they want to die
  - **CONSIDER** alternative motives
    - Manipulation
    - Cries for help

## L = Lethality

### Self-Mutilation: Not a suicidal behavior

- Relieve strong feelings of tension
- Obtain self-control
- Obtain sense of identity
- Regain sense of normalcy after emotional numbing has resulted in feeling estranged
- Manipulate others
- Express self-hatred
- Enhance sexual feelings
- Experience euphoria
- Vent feelings of anger & frustration
- Relieve feelings of stress & tension
- Relieve feelings of alienation



## L = Lethality

### Ambivalence & Cognitive Dissonance

- Ambivalence about living or dying
- Inner conflict remains until detainee makes a decision whether to live or die
- Once decision for suicide is made, person may feel calm; dissonance is low



**Resolution of Dissonance  
Detainee's Decision to Die = Higher Risk**



## L = Lethality

### EVALUATE The Suicide Plan



- How specific is the plan? (place, time, method)
- Does detainee have access to means?
- Is the method lethal and effective?
- Knowledge of how to use the means?
- Has plan been rehearsed?
- Have precautions been taken to avoid rescue or discovery?

## P = Psychological Factors

### Psychiatric Disorders and Suicide

- Major Affective Disorders
  - Depression
  - **Bipolar Disorder = \* HIGH RISK**  
- Greater risk of suicide than any other psychiatric group
- Substance Abuse
- Schizophrenia
- Personality Disorders & Suicide
- Suicidal Delusions
- Borderline, Narcissistic & Antisocial
- Personality Disorders

## P = Psychological Factors

### Suicidal Ideation



- Approaching the subject of suicide
- Patient's response to the clinician  
*Tries to be helpful vs. angry & hostile*
- Verbal Communications about Suicide & Death
  - Indirect statements
  - Direct statements

## P = Psychological Factors

### Assessing Content of Suicidal Ideation

- Ask specifically about frequency, duration & intensity of suicidal ideation
  - Has detainee just started thinking about suicide or has he progressed to the point of being determined to kill himself?
- Suicidal Fantasies
  - Consider effect of their death on others
  - Escape from undesirable situation (detention or deportation)
- Suicidal Planning
  - Details worked out
  - A new resolve; calm
  - Preoccupied with plan; begin to socially withdraw

## **P = Psychological Factors**

### **Cognitive Style**

- Detainee's ability to communicate
- Dysfunctional Assumptions
  - Irrational Beliefs
  - Dichotomous Thinking
  - Depressinogenic Attitudes
  - Neurotic Perfectionism
    - Self-oriented & socially prescribed perfectionism

## **P = Psychological Factors**

### **Cognitive Style** *Continued*

- Mental Status
- Self-Perception
- Future Orientation: Hopelessness
  - Negative expectation/hopelessness for the future
  - better predictor of risk than depression
- Beliefs about Suicide & Death
  - Personal & Cultural beliefs
  - Religious prohibitions
    - May cause some to hesitate in considering suicide

## **E = Evaluation of Suicide Risk Potential**

### **Suicide Assessment** *... and weather forecasting*



- Recommend categorical approach
- Evaluator establishes window of time for validity of assessment (based on current conditions)

#### **4 Categories of Suicide Risk**

- No Risk to Minimal Risk
- Low Risk
- Moderate Risk
- High to Extreme Risk

## **E = Evaluation of Suicide Risk Potential**

### **No Risk/Minimal Risk**

- Show no apparent risk factors & there is no reason to assume they will kill themselves at present
- May have vague ideation of death and/or suicide verbalized; be sure to assess motivation for these thoughts

## **E = Evaluation of Suicide Risk Potential**

### **Low Risk**

- May have engaged in self-destructive behavior, but usually without suicidal intent; usually of minimal lethality
- May include self-harm for manipulation, to call attention to self or cry for help
- Self-mutilators with no desire to die, especially if behavior is chronic
- People at low risk may present with dysfunctional family Hx, recent devastating loss or other current stressor & H/O depression or drug abuse

## **E = Evaluation of Suicide Risk Potential**

### **Moderate Risk**

- Hx of self-destructive behavior without suicidal intent but with moderate to high lethality
- Suicidal intent with attempts of low lethality
- Family Hx of major dysfunction, incl. parents with psychiatric disorders & substance abuse problems who attempted or completed suicide
- Experienced physical &/or emotional abuse
- *May also have:*  
Psychiatric Dx, recent stressors, lack of support systems, easy access to lethal means & a crude suicide plan

## **E = Evaluation of Suicide Risk Potential**

### **High to Extreme Risk**

- Usually engaged in self-destructive behavior with serious suicidal intent & moderate to high lethality or have engaged in less lethal behavior but have ongoing suicidal intent
- Multiple risk factors combined in a volatile cluster  
*Risk factors include:*
  - H/O chronic suicide attempts with increasing lethality & intent
  - H/O psychiatric illness (esp. schizophrenia & bipolar disorders)
  - Significant levels of internal or external stress
  - Progressive isolation from family & friends, and
  - An accelerated effort to develop an effective suicide plan

## **R= Reporting Your Findings**

- How much information to include
- Be objective; rely on facts, not conjecture
- Verify accuracy of the information when possible
- Never alter your documentation
- Document according to nat'l & local SOP's



## Suicide Watch

- o Patients threatening suicide are considered emergencies.

